



CONFIDENTIAL NOMINATION FORM (One form per camper)
CHRISTCHURCH CHILDREN'S HOLIDAY CAMPS TRUST

Camp coordinator for all enquiries: **Dave Nicol 027 351 2538**

1) SECTION FOR NOMINATING SCHOOL OR AUTHORITY TO COMPLETE

(Once parent has returned the completed form, then please email it to: holiday.camps@xtra.co.nz or post to: 1 The Mews Lincoln 7608)

CHILDS DETAILS:

FIRST NAME: LAST NAME GIRL / BOY

SCHOOL: YEAR LEVEL

MAIN REASON FOR THIS NOMINATION (Circle one or more) FINANCIAL / EMOTIONAL / SOCIAL

Any OTHER INFORMATION which would be helpful to the Camp Director.....

I have read and agree to the Medical Statement and Information Privacy section below (please sign).....

Person nominating(please print) (Principal, SENCO, PHN, Other) PHONE.....

2) SECTION FOR PARENT/CAREGIVER TO COMPLETE (Then please return form to school or nominating authority)

Childs Date of Birth (DD/MM/YY)..... Family email :.....

ADDRESS: SUBURB:..... POSTAL CODE.....

Please circle all relevant ethnicities relating to the child. This information is for statistical purposes only:

Maori (Please state iwi.....) NZ European Pacific Peoples Asian Other

In the event of camp placements being full, I am willing to be placed on a waiting list. Yes No

First emergency contact person:

Name:.....

Relationship to camper:.....

Cell phone number:.....

Second phone number:.....

Second emergency contact person:

Name:.....

Relationship to camper:.....

Cell phone number:.....

Second phone number:.....

Please circle any health challenges the child may have:

Hay Fever Bed Wetting Asthma Allergies to medicine Allergies to food Other

Are there any other medical, behavioural, personal or cultural issues or recent events ? Yes/ No (If Yes, please give details)

If you have more than one child nominated do they need to be on different camps Yes/ No

MEDICAL STATEMENT AND INFORMATION PRIVACY SECTION

I accept that, although the camp leaders will endeavour to exercise all due care, neither they nor the Trust nor its Agents, will be liable for any injury sustained by this child while in the care of the Trust or its Agents nor any loss of or damage suffered to any property in this child's possession. In the case of an emergency I authorise the Camp Director to obtain medical attention. Your information is obtained for the purpose of providing for this child whilst in the care of the Trust or its authorized Agents and **will** remain confidential to the Trust and the Trust's authorised agents.

Signed..... **Parent/Guardian**

Date.....